R E P O R T S T O

R E G I O N A L H E A L T H C O U N C I L

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BY

S T A F F

Moose Jaw-Assiniboia-Gravelbourg
Health Region #2

MEDICAL HEALTH OFFICER

I should like to report briefly on the highlights of the Health Region's operations during the fiscal year 1983-1984, as well as comment briefly on some of the indicators of health in the region. Other staff reports will enlarge upon specific activities conducted throughout the region during the year.

STAFFING

On September 1, 1983 the new position for a second Speech-Language Pathologist was filled with the appointment of Lori Durand (nee Penner). Other new positions included Chiropodist Audrey Ivanauskas and Chiropody Assistant Connie Boyde, both of whom began service on March 5, 1984. Nutritionist Karen Cooper, previously on the School Health Project staff, now serves this region from her base in Health Region No. 1, Swift Current. A secretarial position long vacant, and shared between Community Health and Saskatchewan Hospital Services Plan was finally successfully appealed, and filled by Freda Cull[illegible] part-time.

The Government's Early Retirement Program was accepted at year's end by Kay Cox, Clerk Steno IV (who had earlier and independently elected early retirement), Ken Bowler, Senior Public Health Inspector, and Dorothy Closs, Public Health Nurse I. Of the School Health Project staff, besides Karen Cooper mentioned above, the three nurses have been reintegrated into the general program, the Health Educator has been discontinued, and the Clerk Typist has been retained temporarily to assist in the final wrapup of the project.

Public Health Nursing vacancies have been filled from time to time during the year with total vacancies throughout the year amounting to 3 person years.

BUDGET

The 1983 - 1984 budget for the Health Region was $1,399,260.00, apart from Saskatchewan Hearing Aid Plan, Saskatchewan Aids to Independent Living, and Chiropody programs. Total expenditures amounted to $1,335,779.00 leaving unexpended balance of $63,480.00. This was more than accounted for by accumulated vacancies during the year. In the non-personnel related expenditure codes, special economies were sought in the areas of travel, telephone, and equipment purchase.

PROPERTY

To provide space for the new Chiropody Clinic, we were assigned new storage area so that the previous V.D. Clinic could be converted to a clerical work area. This resulted in the freeing up of 700 square feet which was then converted into a suite of office, reception, work room and two operating rooms for the Chiropody clinic. There has been no change in accommodation in the district offices. In sub-district offices facilities for local child clinics are provided voluntarily in the communities, for which we are grateful.

SCHOOL HEALTH PROJECT

The three-year pilot project in School Health which had been operating in seven schools in the region closed at the end of the fiscal year '83 - '84. Permanent staff who were on loan to the project have been redeployed to the Public Health Nursing positions in Moose Jaw. Others have been reassigned or terminated as discussed above.

A wide variety of enriched school health services and health education activities have been developed during the life of the project. As a result of the presence of the project in the region, there has been a significant increase in health education activities in non-project schools.

First year evaluation has been completed and circulated. Second year evaluation has also been completed and is in the process of ministerial approval prior to release. Third year evaluation is in process. It will include an evaluation of the year's activities, a summary report, and a list of recommendations. Final recommendations from the Central Steering Committee will be transmitted to the Departments of Health and Education.

CHIROPODY

At the Annual Meeting in Assiniboia a year ago the Minister of Health, Mr. Taylor, announced his intention to establish a Chiropody program. This has now materialized and staff, equipment and facilities are in place at the Moose Jaw office. Patients are seen on referral from Family Physician or Public Health Nurse. They are priorized according to defined needs for foot care, as well as related medical factors. While it is anticipated provision will be made for extension clinics in some of the district offices, we are not yet able to announce the time and place where these will be held.

COMMUNICABLE DISEASE CONTROL

Active immunization is now the cornerstone of prevention of seven diseases. Of these, there was only one reported case of whooping cough and none reported for diptheria, tetanus, polio, german measles and mumps. For measles there was one suspected case which was later proven not to be measles. There were 59 reported cases of influenza compared to 83 the previous year. Most of these were not confirmed in the laboratory and there have been many different organisms causing similar disease. There were 42 cases reported of salmonellosis compared to 21 the year before. A goodly number of this year's cases were traceable to a family celebration on a holiday weekend. Tuberculosis remains low, with 3 new cases during the past year.

Beginning 1984 the reporting of sexually transmitted diseases was changed to move the focus from Regina to the Region. This has resulted in more prompt reporting. Furthermore, laboratories have been encouraged to notify findings promptly which enhances our ability to identify and trace potentially infected contacts. For gonorrhea the Provincial total of 2,016 cases for 1983 is somewhat down from 2,467 in 1982. Regionally, the figures are essentially unchanged. There were 3 reported cases of syphilis in 1983 compared with 23 in the Province as a whole.

VITAL STATISTICS

The following data are based upon S.H.S.P. covered population and preliminary vital statistics for the calendar year 1983.

There were 1,183 births for a rate of 17.0 per thousand population, equal to 1982, and somewhat lower than Provincial rate of 17.6. Births to unmarried mothers numbered 145 or 12.3% of all births. This figure is slightly up from 11.5% in 1982 but still lower than the 19.9% Provincial figure for 1983. Births to mothers 19 years of age or younger regardless of maritial status numbered 94 or 8.0% of the total births. This is down from the 9.4% the previous year and lower than the Provincial figure of 12.2%.

Total deaths in the region numbered 681 or 9.9 per thousand population. This is the same as 1982 and somewhat higher than the Provincial rate of 7.5. It may be accounted for largely by the older age structure of our population.

Deaths of infants under age 1 numbered 13, at a rate of 11 per thousand live births. This is slightly down from last year's figure of 11.9 but higher than the Provincial rate of 9.9. Still-births numbered only 1 in 1983 compared with 3 the year before. This is a rate of 0.84 per thousand live births compared with a Provincial rate of 5.3.

Natural population increase, i.e., births less deaths, and independent of migration, amounted to 0.7%, the same as last year.

There are no striking statistical differences in trends of cause of death. Ischemic heart disease continues to be the number one cause at 178 deaths, followed closely by malignant tumors at 150. Although accidental deaths numbered only 40 in the year, they tend to occur at earlier ages. Thus the potential years of life lost due to premature death exceed all other categories of cause of death. Accident prevention thus remains an urgent area of emphasis.

LIAISON

In matters relating to the health of human environment the health agency does not operate in isolation but interacts freely with departments of Agriculture, Environment, Labour, Social Services and others. In addition health region staff interact frequently with municipal councils in matters of zoning, waste disposal, sanitation, and livestock control.

Dr. J. N. Burkholder,
Director and Medical Officer of Health.

PUBLIC HEALTH NURSING

The past fiscal year has been highlighted by many changes in nursing staff, activities and programs. I am pleased to comment on some of these.

1) Supervisory Model was implemented September 1, 1983 which consisted of the revised P.H.N. III role and the new P.H.N. II supervisory role. The P.H.N. II nursing districts were assimilated by the P.H.N. I staff, adding to their own caseload. We feel the implementation of this model has been satisfactory mainly due to the flexibility and adaptability on the part of all nursing staff.

2) Prenatal Education Programs continue to be the most successful programs and to show an increase in attendance particularly with fathers. In January, 1984, we implemented on a trial basis a 'Refresher Course for multigravidas' with projected evaluation for June after three series of this nature. Our nurses in Moose Jaw office have also been working more closely with the recently established 'Teen Parent' program. This has assisted us in better identifying and providing services to younger expectant parents.

3) School Programs have shown an increase in the health education component in non-project schools. The preparation of class outline and resource material by the Health Educator of the School Health Project have assisted the Nurses with presentations.

4) Scoliosis program was evaluated in January after completing the 1983 trial year. From the data collected recommendations were made for changes, one of these being discontinuation of screening 5 and 6 year olds.

5) Child Health Conference and prenatal facilities/service review was completed. This will better assist us in setting facilities and service standards, and to plan appropriately for required services/programs for this age group.

6) Nursing students from Wascana Institute of Applied Arts and Science continued observing prenatal classes, Child Health Conferences and home visits throughout the year. In June, 1983, Miss Helen Hobbs, faculty member from the College of Nursing provided in conjunction with our health region, field experience for 8 nursing students from the degree program.

7) Inservice Education which is held monthly touched on a variety of subject area including presentations by Early Childhood Psychologist, Speech and Language Pathologist, and chiropodist. In November, 1983 we were fortunate to have Dr. Sarah Landy, Clinical Co-ordinator for the Merici Centre, Regina speak to us on 'Identifying and Dealing with the High Risk Family'.

In conclusion, the nursing staff are to be commended for their excellent work throughout a difficult year. Appreciation is also extended to Dr. J. Burkholder, all other senior and clerical staff who assisted us in many ways to reach our goals.

Bertha G. Sanftleben,
Regional Nursing Supervisor.

PUBLIC HEALTH INSPECTION

The past year has been both a busy and productive year for the Public Health Inspectors. There were not any unusually outstanding accomplishments but at the same time there were no major disasters or problems that could not be handled in a reasonable manner.

Inspection services were provided to virtually all communities in the Health Region. There has been a noticeable trend to provide more services to recreational areas. This no doubt is a result of more communities taking advantage of the Culture and Recreation grants that are available and which require our endorsement. These projects have included new swimming pools, rinks and arenas, or improvements in these facilities. There has been upgrading done in many community halls and sports fields. Along with this, there has been an increase in cottage developments at several lakes. This trend is likely to continue over the next few years.

Public Swimming pools operated with a minimum of problems. One Swimming Pool Operators' course was conducted during the year. There was one unfortunate incident at a local motel pool where about 45 persons were infected with Pseudomonas. This happened during the last Christmas season and was probably due to staff carelessness in operating the whirlpool. This problem has now been taken care of and the pool is well operated.

Several new eating establishments of good quality were approved for opening. As in other years, a large number changed operators. At such times the inspectors can usually achieve any necessary improvements to these premises. A total of six National Sanitation Training Program foodhandler courses were conducted during the year in Moose Jaw and Assiniboia.

We have co-operated with the Department of Environment in the inspection of municipal water and sewerage systems although there has sometimes been some irritation due to the division in responsibilities. A recent announcement will likely change this as it is expected that some time in the coming year the Department of Environment will assume all responsibility and inspections of water systems, sewerage systems, liquid waste transport and the full responsibility for solid waste collection and disposal. This will alter to some degree the work programs of Public Health Inspection and may result in manpower changes in some health regions. Full details on this change have yet to be announced.

Ken Bowler,
Senior Public Health Inspector.

SPEECH AND LANGUAGE PATHOLOGY

From April 1 to August 30 of 1983, the Speech and Language Pathology services in this Health Region continued much as they had in the past. In September, 1983, Lori Durand joined the staff, filling the newly created second Speech and Language Pathology position. About the same time, provincial policy was defined so that S.L.P.'s in the Health Region became primarily responsible for the preschool age group and secondarily for adult populations. The Department of Education established services for school age children. Combined, these two changes have resulted in significant modifications to the Speech and Language Pathology program in the Moose Jaw Health Region.

While the total number of children and adults seen has remained essentially unchanged, the caseload of each of the therapists is approximately half the number carried before the addition of the second position. This has resulted in a significant improvement in the quality of service being provided. The length of time between referral and assessment has been reduced from six to twelve months, to one to three months. This, combined with no longer seeing school age children, has resulted in earlier intervention. We now have a number of children between 18 and 24 months of age in active treatment. Children are also now seen more frequently. Whereas previously it was impossible to see children once per week, this is now possible in cases where it is deemed necessary.

Previously, there was a significant backlog of children waiting to be seen for a review and this has been reduced. In other words, follow up has improved. Also, many children were previously on home programs only, since this was the only way to provide service because of the size of the caseload. Now there are many more children being seen directly for therapy. All in all, these changes have resulted in vastly improved quality of service.

In 1983, the S.L.P. position at Valley View Centre was discontinued. As a result, we have been providing six hours per month of service to that Centre. These services involve assessment and consultation. Programs are established for residents which are carried out by Valley View staff. Scheduling and support services, such as clerical help, are handled by Valley View Centre, so this service has not increased the burden on our own clerical staff.

In December 1983, because Providence Hospital reduced their part - time S.L.P. position, the 23 children on their caseload were transferred to ours.

While there have been many positive changes this year, the issue of adult services remains a problem. S.L.P. services to adults in Moose Jaw and province wide remain extremely limited. A working committee has been struck to begin to address this issue on a provincial basis. Without a further increase in staff, this will be a difficult issue to resolve.

Kelly Richter,
Speech and Language Pathologist.

PUBLIC HEALTH NUTRITION

On February 1, 1984, I transferred to Swift Current but continue to serve the Moose Jaw Health Region as Regional Nutritionist. Before that date, I was assigned to the School Health Project but had assumed some regional duties.

To cover such a large territory effectively I emphasize:

1. inservice training for Public Health staff, other professionals, and lay group leaders,
2. speaking to community groups, and
3. public media work.

As examples of the above, I gave seven inservice sessions to Public Health staff, 2 teacher workshops and 1 workshop to another group of community educators. I helped orient 2 new Public Health Nurses, and spent time with student nurses and a dietetic intern. There were 106 requests for information from Health Region staff. As part of the prenatal program, I have offered a demonstration prenatal nutrition class for each Public Health Nurse. Thus far, I have taught 7 classes with 91 parents in attendance.

In a few special cases, I have been working with the Early Childhood Psychologist and some of the Public Health Nurses to assess the diets of children they see.

I have now met with all of the Directors of Education to offer inservice to their teachers.

In the past year I have spoken to 136 people in 7 weight control groups and 633 people in 26 other community groups. I also spoke to 23 school classes reaching 508 students.

Nutritionists in the province pool their newspaper columns for distribution to weekly newspapers. I wrote 12 columns myself and helped edit all that were distributed provincially.

In addition, I am a member of the provincial Home Economics Curriculum Committee and have worked on an information package and workshop for Grade 8 health and physical education teachers.

Karen Cooper,
Nutritionist.

CHIROPODY

Chiropodist and assistant were officially employed March 5, 1984, and began their duties with orientation and preparation of the clinic. Introductory visits and distribution of pamphlets and referral forms were made to all rurally located physicians and most of the physicians within the city.

The Chiropodist gave an introductory talk and slide presentation at the Public Health Nursing Staff Conference.

Patient treatment commenced March 26, 1984, with 12 patients attending by month-end.

Dr. A. Ivanauskas,
Chiropodist.

EARLY CHILDHOOD PSYCHOLOGY

The period of April 1983 to March 1984 represents the first full year that early childhood psychology services have been available in this Region since the position was established in August 1979. The position, however, is shared with the Swift Current Health Region, with slightly more than 80% of the time devoted to the Moose Jaw Region. With the work load increasing in Swift Current, it is anticipated that the percentage of time that can be devoted to that Region during the forthcoming year will increase as the preschool services become organized there.

The proportion of time devoted to case work has remained about the same as the previous year. However, the number of new cases has approximately doubled, along with a substantial increase in the number of followup visits. Coincident with this has been an increase in the number of cases that involve a number of agencies. As a result, there has been a great increase in the amount of time required for inter-agency coordination. One gratifying change in case work is that the average age at which children are seen is lower than last year in a number of categories, indicating earlier identification of problems. One consequence of the increased case load has been the increase in waiting time of about one month to about three to six months during the latter part of the past year. It is expected that for the coming year this waiting time will remain the same and may possibly increase.

A new preschool service was introduced to the Health Region inauguration of the South-Central Early Childhood Intervention Program. This program, although conducted by a local Board funded by Saskatchewan Social Services, works closely with other agencies, including Community Health. The Early Childhood Psychologist is Community Health Services' representative on the Admission and Review Committee. The Program has positions for two part-time home teachers, one for the south part of the Region and one for the Moose Jaw area. At this writing, the south position is vacant due to the difficulty of recruitment for that area. The Program currently has ten spaces funded, all of which have been filled. A waiting list, particularly in the Moose Jaw area, has developed. It is hoped within a reasonable time that spaces can be added to the Program with the positions becoming full time. The development of this new service, needless to say, has been time consuming, but it has provided a vital early childhood education service for some children with special needs.

The Early Childhood Psychologist has also been extensively involved in inservice education with the Public Health Nurses. He has made a number of presentations on common childhood problems, such as thumbsucking and enuresis. The information provided has allowed the Public Health Nurses to give more effective guidance and support in Child Health Clinics. Time limitations, though, have not allowed for the completion of this series. In addition, the Early Childhood Psychologist has completed case conferences with all Public Health Nurses in the Region during the past year. The purpose of these conferences is to provide early identification of children with problems, and strategies for monitoring their development. This has recently been extended to graduates of neo-natal intensive care units who

live in the Region. It was originally planned to conduct these case reviews twice a year. However, time constraints have not permitted this and it is not anticipated that this will be achieved during the coming year. As mentioned earlier, more and more cases are emerging which have multi-agency involvement. The time spent in this kind of coordination has increased considerably over the past year and is anticipated to increase in the future. While this kind of coordination is necessary, it is nonetheless time consuming.

Ventures into the preventive field have been minimal; e.g., involvement in parenting, Teen Parent Program, Parent Aid Program, and Community College offerings. One area, though, where the Early Childhood Psychologist has made a contribution has been in the prenatal classes for parents who have at least one child and are expecting another. Programs of this kind are valuable but it is uncertain whether time will be available in the coming year for this kind of involvement.

The problem for the coming year seems to be one of reconciling the increase in service demands with no increase, and perhaps a decrease, in available time to provide these services.

Raymond Hertzog, PhD.
Early Childhood Psychologist

Early Childhood Psychology: Statistics

Type of Work

Casework	43.0%
Primary Prevention	6.4%
Consultation	24.9%
Community Development	3.7%
Inservice Education	5.0%
Travel	6.9%
Administration	10.2%

Details of Casework

Type of Problem	Average Age	Number of Visits
Developmental	3.1	74
Behavioral	4.1	32
Multiple	3.4	24
Other	4.0	11
Total	3.54	141

Source of Referral of New Cases

Public Health Nurse	17
Speech Therapist	13
Parent (s)	16
Physician	1
Social Services	6
Other	3

Visits

Regional Office	112
District Office	21
Home	1
Other	7

Primary Prevention

Group Sessions	4
Number of Participants	44